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HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF
ALICE SHEPARD GILMAN, R.N.

KEEPING UP A STANDARD OF SMALL EQUIPMENT

BY HARRIET L. P. FRIEND, R.N.

After standardization of ward equipment, one of the problems to be met is the keeping of the equipment in place, particularly the small articles constantly used. The provision for weekly inventory and exchange does not always meet the situation. One of our schools of nursing has devised a plan that has apparently been very successful in checking the loss of small equipment and also in keeping this equipment constantly up to standard in the matter of repair. This hospital has each ward equipped with a dressing room, in which are kept articles needed in treatments. A senior student has the responsibility of this room on each ward. A form is provided showing the standard list of articles. This is checked every evening by the student and if left in the training school office as she goes to dinner. She gets this form in the morning as she goes on duty. The form is ruled for a month's use and the new form is supplied the first day of each month. In place of being brought to the office, the form mentioned might very well be inspected on evening rounds. Needless to say, the system works only when constantly supervised, but it is a matter of slight effort. Properly carried out, shortage and breakage are daily checked, while hypodermics, scissors, etc., are much more apt to be found in their place and in good repair. The hospital before mentioned has used this system for nearly six years, therefore it has had a fair trial. Besides articles listed, hot water bottles, ice caps and special thermometers were afterward added to the list.

Nothing so increases the tension of our ward practice as to find articles broken or "missing" when needed in a hurry, and a daily checking does much to lessen the strain. By giving some thought to the matter, there should be many small ways devised to prevent loss of time and tension in our work, and to save steps and confusion. Such devices do much to make a happy atmosphere for our students.

The chart described is checked off in squares, like a temperature chart, but with just thirty-one squares across the page. At the top of the chart are spaces for the name of the month, the name of the station and of the head nurse, also for the days of the month. A

column at the left hand side of the page, reading downward, contains the following list of articles to be checked, with the standard number inserted after each: Forceps, thumb; forceps, dressing; forceps, pan; scissors, straight; scissors, suture; probes; syringe, glass; syringe, hypo; needles; catheters, glass; catheters, rubber; catheters, Mercier; catheters, rectal; thermometers, bath; douche nozzles; intra-uterine; speculum; tenaculum; medicine droppers; connecting tubes; irrigating tips; razor.

A PRACTICAL PREPARATORY COURSE FOR NURSING¹

BY O. GOTHSON, R.N.

At the Swedish Hospital, in Brooklyn, we are fortunate enough to have our full number of students. This is interesting because our hospital is small—65 beds—and as a rule the small hospital schools are not popular. We have 23 students and our success in increasing the number with the opening of our new wing, from 16 to 23, I attribute entirely to the preparatory education given at a near-by college.

About two and a half years ago, I learned to know of this college which, beside its college course, gives a four years' academic course. The first academic year is equal to the first year in the high school and the students earn, upon successful passing of the examinations and without taking any public examination, 18 to 20 counts. The cost of tuition, books, room, and board, opportunity to do their laundry, etc., amounts to about \$250 from September 5 to May 31, when the commencement is held. Any deficit that should arise at the College, is paid by the churches that support it and by private contributions.

As soon as I had received the information I needed, I began to send applicants, whose education was deficient, to the college to prepare themselves to enter training. As a result of this we have now seven students who have taken this first year of the academic course, and there are two at the college at the present time.

Are they going to make good? The promise is great, but only time can tell. One thing is certain, I keenly feel my own and the hospital's responsibility in the matter and my most urgent question is: *Are we going to make good?*

Out of this experience many thoughts have sprung: 1. How many thousands of girls are there, who would take such a course if they knew of one, in order to become nurses? 2. Would the Education Department think it worth while to create other such schools?

¹ Paper read at a round table of the New York State League of Nursing Education, Brooklyn, October 21, 1919.